EXPENSE FORM



Submitted by:			Date:		
Email:			Phone:		
METHOD (OF PAYMENT (Please tid	ck)			
Paid w	ith card	Reimburse Me	Pay other person/supplier (Name	e:)
PAYMENT	DETAILS (If payment is re	equired)			
BSB:		Account Numbe	er:		
Email (if rer	nittance advice required)	:			
EXPENDITUI	RE DETAILS				
⊃lease attac	h a <u>valid tax invoice</u> (rece	ipt) for each line. Merchan	it terminal receipts are not acceptable		
Date	Supplier	Invoice No.	Description/Purpose	Budget Line (If known)	Amount (\$)
				Tot	tal:
DECLARAT	ION				
			are legitimate expenses that have beer vill make, for these expenses; and pay		
Claimant's	Signature				
SUBMIT					
			rove your request. Then email form wirger.com). Payment should take betwe		
	ANUSA: <u>sa.f</u> i	inance@anu.edu.au PAR	SA: parsa.finance@anu.edu.au Word	oni: finance@woroni.com.au	
OFFICE US	ONLY (sign and date)				
JITICE USI	Sign and date)				
Approved					